

CONFERENCE COMMITTEE REPORT DIGEST FOR ESB 219

Citations Affected: IC 16-38-5; IC 20-34.

Synopsis: Immunizations and student vision tests. Conference committee report for ESB 219. Includes a physician's designee and a pharmacist's designee as persons who may provide immunization data to the immunization data registry. Adds: (1) a provider's designee; (2) a child placing agency; and (3) a college or university; as persons to whom the state department of health may release information from the immunization data registry. Requires the state department of health to establish a panel to study expanding access to the registry. Requires the state department of health to adopt rules to require school age children to receive immunizations against: (1) meningitis; (2) varicella; and (3) pertussis. Requires a school corporation's governing body and superintendent to receive certain information about vision tests performed in the schools. Requires school corporations to provide to the department of education certain information concerning vision tests conducted by each school. Requires school corporations to make and maintain records of requested waivers of the requirement to conduct certain vision tests. Requires the state superintendent to make and maintain records of all actions taken by the state superintendent concerning all requested waivers of the requirement to conduct certain vision tests. **(This conference committee report makes changes relating to the requirement to report concerning vision tests, so that: (1) a school corporation's governing body and the superintendent receive certain information concerning the tests; (2) a school corporation is to report information for each school within the school corporation; (3) certain types of information are to be reported concerning the vision tests conducted; and (4) reports are to be made to the department of education instead of to the state department of health.)**

Effective: July 1, 2009.

CONFERENCE COMMITTEE REPORT

MADAM PRESIDENT:

Your Conference Committee appointed to confer with a like committee from the House upon Engrossed House Amendments to Engrossed Senate Bill No. 219 respectfully reports that said two committees have conferred and agreed as follows to wit:

that the Senate recede from its dissent from all House amendments and that the Senate now concur in all House amendments to the bill and that the bill be further amended as follows:

- 1 Delete everything after the enacting clause and insert the following:
- 2 SECTION 1. IC 16-38-5-2 IS AMENDED TO READ AS
- 3 FOLLOWS [EFFECTIVE JULY 1, 2009]: Sec. 2. (a) A provider, **a**
- 4 **physician's designee, or a pharmacist's designee** may provide
- 5 immunization data to the immunization data registry in a manner
- 6 prescribed by the state department and for the purposes allowed under
- 7 this chapter unless:
- 8 (1) the patient; or
- 9 (2) the patient's parent or guardian, if the patient is less than
- 10 eighteen (18) years of age;
- 11 has completed and filed with the provider, **physician's designee, or**
- 12 **pharmacist's designee** a written immunization data exemption form.
- 13 (b) The state department shall create and provide copies of
- 14 immunization data exemption forms to:
- 15 (1) providers who are:
- 16 (A) licensed under IC 25; and
- 17 (B) authorized within the provider's scope of practice to
- 18 administer immunizations; and
- 19 (2) individuals;
- 20 who request the form.
- 21 (c) The state department shall distribute to providers, upon request,
- 22 written information to be disseminated to patients that describes the

immunization data registry. The written information must include the following:

(1) That the provider may report immunization data to the immunization data registry.

(2) That the patient or the patient's parent or guardian, if the patient is less than eighteen (18) years of age, has a right to exempt disclosure of immunization data to the registry and may prevent disclosure by signing an immunization data exemption form.

(3) That the patient or the patient's parent or guardian, if the patient is less than eighteen (18) years of age, may have the individual's information removed from the immunization data registry.

(4) Instructions on how to have the information removed.

SECTION 2. IC 16-38-5-3 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2009]: Sec. 3. (a) Records maintained as part of the immunization data registry are confidential.

(b) The state department may release an individual's confidential information to the individual or to the individual's parent or guardian if the individual is less than eighteen (18) years of age.

(c) Subject to subsection (d), the state department may release information in the immunization data registry concerning an individual to the following entities:

(1) The immunization data registry of another state.

(2) A provider **or a provider's designee.**

(3) A local health department.

(4) An elementary or secondary school that is attended by the individual.

(5) A child care center that is licensed under IC 12-17.2-4 in which the individual is enrolled.

(6) The office of Medicaid policy and planning or a contractor of the office of Medicaid policy and planning.

(7) A child placing agency licensed under IC 31-27.

(8) A college or university (as defined in IC 21-7-13-10) that is attended by the individual.

(d) Before immunization data may be released to an entity, the entity must enter into an agreement with the state department that provides that information that identifies a patient will not be released to any other person without the written consent of the patient.

(e) The state department may release summary statistics regarding information in the immunization data registry if the summary statistics do not reveal the identity of an individual.

(f) The state department shall convene a panel to discuss expanding access to the immunization data registry. The panel must include at least one (1) representative of an insurance organization and at least one (1) member of a health maintenance organization. The state department shall submit the recommendations of the panel to the legislative council by October 1, 2009, in an electronic format under IC 5-14-6.

SECTION 3. IC 20-34-3-12, AS ADDED BY P.L.1-2005, SECTION 18, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE

JULY 1, 2009]: Sec. 12. (a) For purposes of this section, "modified clinical technique" means a battery of vision tests that includes:

- (1) a visual acuity test to determine an individual's ability to see at various distances;
- (2) a refractive error test to determine the focusing power of the eye;
- (3) an ocular health test to determine any external or internal abnormalities of the eye; and
- (4) a binocular coordination test to determine if the eyes are working together properly.

(b) The governing body of each school corporation shall conduct:

- (1) an annual vision test, using the modified clinical technique, of each student upon the student's enrollment in either kindergarten or grade 1; and
- (2) an annual screening test of the visual acuity of each student enrolled in or transferred to grade 3 and grade 8 and of all other students suspected of having a visual defect.

(c) Records of all tests shall be made and continuously maintained by the school corporation to provide information useful in protecting, promoting, and maintaining the health of students. The state department of health and the state board shall adopt joint rules concerning vision testing equipment, qualifications of vision testing personnel, visual screening procedures, and criteria for failure and referral in the screening tests based on accepted medical practice and standards.

(d) The school corporation's governing body and the superintendent shall receive the following information concerning the tests conducted under this section:

- (1) The number of students tested.**
- (2) The number of students who passed a test.**
- (3) The number of students who failed a test or were referred for further testing.**

(e) Each school corporation shall annually provide to the department, for each school within the school corporation, the following information concerning the tests conducted under this section:

- (1) Whether the tests were conducted at the school.**
- (2) If the tests were not conducted at the school, the reason for not performing the tests.**
- (3) If the tests were conducted at the school, the number of students tested.**

(f) Not later than October 1, 2010, the department shall report the information received from school corporations under subsection (e) to the legislative council in electronic format under IC 5-14-6.

SECTION 4. IC 20-34-3-13, AS ADDED BY P.L.1-2005, SECTION 18, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2009]: Sec. 13. (a) If a school corporation is unable to comply with section 12(b)(1) of this chapter, the governing body may, before November 1 of a school year, request from the state superintendent a waiver of the requirements of section 12(b)(1) of this chapter.

(b) The waiver request under subsection (a) must:

- (1) be in writing;
- (2) include the reason or reasons that necessitated the waiver request; and
- (3) indicate the extent to which the governing body attempted to comply with the requirements under section 12(b)(1) of this chapter.

(c) The state superintendent shall take action on the waiver request not later than thirty (30) days after receiving the waiver request.

(d) The state superintendent may:

- (1) approve the waiver request;
- (2) deny the waiver request; or
- (3) provide whatever relief that may be available to enable the school corporation to comply with the requirements under section 12(b)(1) of this chapter.

(e) If the state superintendent approves the waiver request, the governing body shall conduct an annual screening test of the visual acuity of each student upon the student's enrollment in or transfer to grade 1.

(f) The governing body of each school corporation shall make and maintain records of all waivers requested by the governing body under this section.

(g) The state superintendent shall make and continuously maintain records of all actions taken by the state superintendent concerning all waivers requested under this section.

SECTION 5. IC 20-34-4-2, AS ADDED BY P.L.1-2005, SECTION 18, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2009]: Sec. 2. (a) Every child residing in Indiana shall be immunized against:

- (1) diphtheria;
- (2) pertussis (whooping cough);
- (3) tetanus;
- (4) measles;
- (5) rubella;
- (6) poliomyelitis; and
- (7) mumps.

(b) Every child residing in Indiana who enters kindergarten or grade 1 shall be immunized against hepatitis B and chicken pox.

(c) The state department of health shall adopt rules under IC 4-22-2 to require school age children to receive additional immunizations against the following:

- (1) Meningitis.**
- (2) Varicella.**
- (3) Pertussis (whooping cough).**

The additional immunizations required under the rules shall include an immunization booster if considered appropriate by the state department.

~~(c)~~ **(d)** The state department of health may expand or otherwise modify the list of communicable diseases that require documentation of immunity as medical information becomes available that would warrant the expansion or modification in the interest of public health.

- 1 ~~(d)~~ **(e)** The state department of health shall adopt rules under
2 IC 4-22-2 specifying the:
3 (1) required immunizations;
4 (2) child's age for administering each vaccine;
5 (3) adequately immunizing doses; and
6 (4) method of documentation of proof of immunity.
 (Reference is to ESB 219 as reprinted April 3, 2009.)

Conference Committee Report
on
Engrossed Senate Bill 219

Signed by:

Senator Gard
Chairperson

Representative Brown C

Senator Sipes

Representative Frizzell

Senate Conferees

House Conferees